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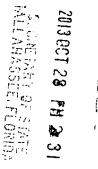
(Re	questor's Name)			
(Ad-	dress)			
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(Cit	y/State/Zip/Phone #	)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	)		
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Certified Copies	_ Certificates o	f Status		
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Joseph John Sala (Name of Limited Liabi	In LLC ility Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	iter to:
Joseph Barbagallo (Contact Person)	
(Contact Person)	
Joseph John Salon LLC (Firm/Company)	2013
(Firm/Company)	
900 E. Atlantic Ave #8	\$5 <b>86</b>
(Address)	77
Delray Beach, FL 33483	
(City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
Toseph Barbagallo at (5) (Name of Contact Person) (Are	61 ) 445 701S
(Name of Contact Person) (Are	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Floring	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	name of the limited liability company as it appears on the records of the State is:	Florida I	-	nent
	s limited liability company was organized under the laws of:  Florida	LABASSE FLO	28 13 06 T 28 1 1 2 P	Control of the contro
3. The	Florida document/registration number of this limited liability company	is:	<u> </u>	
of th	Chery Barbagall, hereby resign as a Market (Print Name of Person Resigning)  is limited liability company and affirm the limited liability company has			
	ature of Resigning Member, Managing Member or Manager			
Filing Certifi	Fee: \$25.00 (Required) led Copy: \$30.00 (Optional)			